

TOWN OF SCITUATE



600 Chief Justice Cushing Hwy.  
Scituate, Massachusetts 02066  
Telephone (781) 545-8740

ANCESTRY RECORD REQUEST

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Description of Request**

Request Type: (\$10 each) Birth:  Death:  Marriage:

Requested Name(s): \_\_\_\_\_

Date: (if known) \_\_\_\_\_

Address: (if known) \_\_\_\_\_

Other descriptive info: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policy: The Town of Scituate shall comply with a request as soon as practicable and within 10 days. Vital records are certified documents and cost \$10 each. If in-depth research is needed the charge is an additional \$10. If charges for searching, segregation and copying are expected to exceed \$10, the department shall prepare a written, good faith estimate.

**TOTAL AMOUNT: \$** \_\_\_\_\_

**Payable to: Town of Scituate**

Send form with check to Town of Scituate address above, ATTN: Town Archivist

Revised 2/2/2018